Application of Docket Number  PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  Application of Docket Number  10/707573													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY. TYPE		OR	OTHER THAN		
T	OTAL CLAIM	S					[ F	RATE	FEE	7	RATE	FEE	
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		SIC FE	E 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		• 0		>	\$ 9=		OR	X\$18=		
IN	DEPENDENT (	CLAIMS	minus 3 =		0		>	X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2  TOTAL  OR TOTAL													
	CLAIMS AS AMENDED - PART II						C+	114	ENTITY	OR	OTHER SMALL		
	<i>): '</i>	(Column 1) CLAIMS	T	(Colum		(Column 3)	ا ا		ADDI-	ם <b>ר</b> ו	JRIALL	ADDI-	
NTA		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA	R	ATE	TIONAL		RATE	TIONAL FEE	
- AMENDMENT	Total	. 20	Minus	20	0	-/	×	9=		OR	X\$18=		
AME	Independent	1. 2	Minus		) <u> </u>	<u>/  </u>	×	43=		OR	X86=		
ئى د	I HHST PHES	ENTATION OF M	OLTIPLE DEI	PENDENT	CLAIM		+1	45=		OR	+290=		
								TOTAL		OR	TOTAL ADDIT, FEE		
•		(Column 1)	(Column 3)	,,,,,,,,					-				
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA	R/	NTE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	•	Minus	**		=	XS	9≖		OR	X\$18=		
AME	Independent	*· .	Minus	***	~ A144		X4	3=		OR	X86=		
	FIRST PRESE	NTATION OF MU	LIPLE DEF	ENDENT	CLAIM .		+14	15=		OR	+290=		
····								OTAL FEE		OR ,	TOTAL VDDIT. FEE		
· · :		(Column 1)		(Colum		(Column 3)			• . •	_			
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER . JSLY	PRESENT EXTRA	RA	īΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	44		•	XS	9=		OR	X\$18=	•	
AMENDMENT	Independent	•	Minus .	***		=	X4:	3=		OR	X86=		
انـ	HIRST PRESE	NTATION OF MU	LIPLE DEP	ENDENT (	CLAIM		+14	5=		OR	+290=		
H	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									UB T	TOTAL DOIT, FEE		
***	f the "Highest Nu	mber Previously Pa ber Previously Paid	id For IN THIS	SPACE is I	ess than	3, enter *3."	ADUI1.		ropriate box	-	•	. :	
<u>:</u>	. 3		F	· ·	·								